

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU4727First Named Inventor:
BUXTONComplete if known:
App No.:

Filing Date

Group Art Unit:

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL METHODS OF TREATMENT

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on as United States application Serial No. *10/629,177 or PCT InternationalApplication Number _____ filed 29 July 2003 and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0217493.6	GB	29 July 2002	X
2. 0217492.8	GB	29 July 2002	X
3. 0313801.3	GB	13 June 2003	X
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4727
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>				
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> PATENTED <input type="checkbox"/> PENDING <input type="checkbox"/> ABANDONED	
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>				
Address all correspondence and telephone calls to Customer Number 23347			Direct Telephone Calls to: Bonnie DEPPENBROCK 919 483 1577	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BUXTON	FIRST GIVEN NAME IAN	SECOND GIVEN NAME/INITIAL RICHARD
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CURRIE	FIRST GIVEN NAME Robin	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature <i>RCS</i>		Date: 16-Dec-2003
	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DELA-CRUZ	FIRST GIVEN NAME MYRNA	SECOND GIVEN NAME/INITIAL A
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME GOODSON	FIRST GIVEN NAME GARY	SECOND GIVEN NAME/INITIAL WAYNE
	INVENTOR'S SIGNATURE	Signature <i>Gary W. Goodson</i>		Date: 15-DEC-2003
	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	KAROLAK	WLODZIMIERZ	Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		MISSISSAUGA	ONTARIO, CA	CA
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MALEKI	MEHRAN	Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		MISSISSAUGA	ONTARIO, CA	CA
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	IYER	VIJAY	MOHAN
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		MISSISSAUGA	ONTARIO, CA	CA
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MUPPIRALA	GOPAL	Date: 1/30/04
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		DURHAM	NORTH CAROLINA, US	US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	PARR	ALAN	FRANK
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		DURHAM	NORTH CAROLINA, US	US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	SIDHU	JAGDEV	SINGH
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		HARLOW	ESSEX, GB	AU
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	STAGNER	ROBERT	ALLEN
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		DURHAM	NORTH CAROLINA, US	US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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() Declaration submitted with initial filing or () Declaration submitted after initial filing (surcharge required 37CFR1.16(e))		First Named Inventor: BUXTON
		Complete if known: App No.:
		Filing Date
		Group Art Unit:

As below named inventor. I hereby declare that:

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NOVEL METHODS OF TREATMENT

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[] is attached hereto.
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Application Number _____ filed 29 July 2003 and was amended on (MM/DD/YYYY) _____ (if applicable)

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2. 0217492.8	GB	29 July 2002	X
3. 0313801.3	GB	13 June 2003	X
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5.			

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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4727
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>				
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> PATENTED <input type="checkbox"/> PENDING <input type="checkbox"/> ABANDONED	
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>				
Address all correspondence and telephone calls to Customer Number <u>23347</u>			Direct Telephone Calls to: Bonnie DEPPENBROCK 919 483 1577	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BUXTON	FIRST GIVEN NAME IAN	SECOND GIVEN NAME/INITIAL RICHARD
	INVENTOR'S SIGNATURE	Signature <i>San H Buxton</i>		Date: <i>12 December 2003</i>
	RESIDENCE & CITIZENSHIP	CITY HALTON HILLS	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CURRIE	FIRST GIVEN NAME Robin	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DELA-CRUZ	FIRST GIVEN NAME MYRNA	SECOND GIVEN NAME/INITIAL A
	INVENTOR'S SIGNATURE	Signature <i>Myrna Dela-Cruz</i>		Date: <i>11 December 2003</i>
	RESIDENCE & CITIZENSHIP	CITY BRAMPTON	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME GOODSON	FIRST GIVEN NAME GARY	SECOND GIVEN NAME/INITIAL WAYNE
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	KAROLAK	WLODZIMIERZ	
4	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	Date: Jan 19/2004
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	COUNTRY OF CITIZENSHIP CA
				STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	MALEKI	MEHRAN	
4	RESIDENCE & CITIZENSHIP	CITY NORTH YORK	STATE OR FOREIGN COUNTRY ONTARIO, CA	Date: 6th Jan. 2004
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	COUNTRY OF CITIZENSHIP CA
				STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	IVER	VIJAY	
4	RESIDENCE & CITIZENSHIP	CITY TORONTO	STATE OR FOREIGN COUNTRY ONTARIO, CA	Date: 06 Jan 2004
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	COUNTRY OF CITIZENSHIP CA
				STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	MUPPIRALA	GOPAL	
4	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	Date:
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	COUNTRY OF CITIZENSHIP US
				STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	PARR	ALAN	
4	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	Date:
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	COUNTRY OF CITIZENSHIP US
				STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	SIDHU	JAGDEV	
4	RESIDENCE & CITIZENSHIP	CITY HARLOW	STATE OR FOREIGN COUNTRY ESSEX, GB	Date:
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	COUNTRY OF CITIZENSHIP AU
				STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	STAGNER	ROBERT	
4	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	Date:
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	COUNTRY OF CITIZENSHIP US
				STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA
0	INVENTOR'S SIGNATURE	Signature <i>Ayyl</i>		Date: <i>11 Dec. 2003</i>
0	RESIDENCE & CITIZENSHIP	CITY BRAMPTON	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA

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BUXTONComplete if known:
App No.:

Filing Date

Group Art Unit:

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(c))

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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

 ATTORNEY'S DOCKET NUMBER
PU4727

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute and to transact all business in the Patent and Trademark Office connected therewith
 Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to Customer Number **23347**

Direct Telephone Calls to:

Bonnie DEPPENROCK
 919 483 1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		BUXTON	IAN	RICHARD
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		MISSISSAUGA	ONTARIO, CA	GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		CURRIE	Robin	
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		DURHAM	NORTH CAROLINA, US	US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		DELA-CRUZ	MYRNA	A
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		MISSISSAUGA	ONTARIO, CA	CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		GOODSON	GARY	WAYNE
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		DURHAM	NORTH CAROLINA, US	US
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		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	KAROLAK	WLODZIMIERZ	Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	CA
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		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MALEKI	MEHRAN	Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	CA
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	IYER	VIJAY	MOHAN
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	CA
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MUPPIRALA	GOPAL	Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	PARR	ALAN	FRANK
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	SIDHU	JAGDEV	SINGH
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	HARLOW	ESSEX, GB	AU
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	STAGNER	ROBERT	ALLEN
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

2	FULL NAME OF INVENTOR	FAMILY NAME VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US